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21186 SCHWEGMA P.O. BOX 2938 MINNEAPOLIS		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
		N	Nellie Nuhring (Depositor's name)				
			nille Mus		(Signature)		
			August 12,2008		008 <sup>)</sup>	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	<del>, U</del>	ATTORN	EY DOCKET NO.	CONFIRMATION NO.
10/718,134	10/718,134 11/20/2003		Ron A. Balczewski	on A. Balczewski 279.303US2		79.303US2	9093
TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE WITH TEMPERATURE MEASURING AND STORING CAPABILITY							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUB	PUBLICATION FEB DUE	PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	ИО	\$1440	\$300	\$0		\$1740	08/18/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	SS .			
MANUEL, GEORGE C 3762			607-021000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Schwegman, Lundberg  & Woessner, P.A.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Cardiac Pacemakers, Inc.  St. Paul, Minnesota  Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \]  \[ \begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \]  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the content of the con							
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than Office.	the applicant; a reg	gistered atte	omey or agent; or the	e assignee or other party in
Authorized Signature	1 Lev	in Parke	21	Date Au	ıgust	12, 2008	
Typed or printed nam	·	Parker	<u></u>	Registration			
Alexandria, Virginia 223	13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the O NOT SEND FEES OR (opersons are required to re-	COMIDDIDO I CIGAD .	0 11110 110 110			by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number.